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I will now mention two passages where Bröring appears to me to have proved that E is at times wrong.

The most conspicuous case is perhaps V 59, where E has *uirilia*, other MSS *flagrantia*. A long syllable is required, and as Bodl. 38 gives *flagrantia*, the chances are that this is right. In V 79, 80, where E has *haec tamen ipsa*, B. makes it probable that *hoc tamen ipso* of BP (*hoc tamen ipse* Bodl. 38) is what the poet wrote.

But the cause of E is not promoted when our critic defends its reading in I 130:

Litibus haud rabidis commoda iura sequor

against *dura* of Bodl. 38 and most MSS; nor is it possible to believe that E has preserved Maximianus' line in II 64:

En uersus facio et †media dicta cano,

where Petschenig gives

En uersus facio et mollia dicta cano.

I venture to assert that nothing in the Elegies can be alleged at all so flagrant as a violation of prosody as this *mēdia*, or so improbable as diction, as the meaning assigned to it by B. is 'mediocria.' The MSS, however, differ greatly in the various forms of this verse; and it will do no harm to call attention to a recognized difficulty.

Equally objectionable metrically is B.'s reading of III 53, which E gives thus:

Dicite et unde nouo correptus carperis aestu?

B. would omit *et*, asserting that the hiatus 'offensionem non habet.' An attentive reader of the Elegies will find that no equally harsh hiatus exists in them anywhere.

On the whole, the dissertation, though not without cleverness, can hardly be thought to have effected much for the criticism of Maximianus. Its chief value is the attention it calls to E, and to the fact, which emerges with tolerable clearness, that though E is much the best MS, it cannot safely be trusted alone.

ROBINSON ELLIS.

Charaka-Samhita, translated into English, published by AVINASH CHANDRA KAVIRATNA. Calcutta, printed by D. C. Dass & Co., "Corinthian Press," 33 New China Bazar, and published at 200 Cornwallis street. (No date.)

The Hindu medical Çāstras are likely, in the immediate future, to advance into the foreground of Indological interests. The very important recent find of Lieutenant Bowers—the birch-bark MS discovered in the ruins of the ancient city of Mingai, near Kuchar, in Kashgaria—consists to a considerable part of medical materials, and throws a great deal of light on the chronology of medical science in India. Drs. Bühler and Hoernle, the first decipherers and interpreters of the Bowers MS, agree in placing it at least 500 A. D. (see Hoernle, Proceedings of the Asiatic Society, April, 1891; Journal, vol. LX,

part I, nr. 2, pp. 139 ff.; Bühler, Wiener Zeitschrift für die Kunde des Morgenlandes, V, pp. 102 ff., 302 ff.). Even a preliminary survey of the Bowers texts revealed many striking general correspondences with the medical works of Suçruta, Caraka, and the Aṣṭāṅghr̥daya, and, later on, Dr. Hoernle discovered not only parallels, but literal correspondences between the second medical text in the Bowers MS and the works of Caraka and Suçruta,¹ so that the comparative antiquity and correct tradition of the chief medical books can no longer be doubted.

Under these circumstances, translations of the larger medical treatises assume an unusual degree of importance, since they facilitate rapid survey and prepare the way for final critical interpretation. An English translation of Suçruta by a native Pandit, Mr. Uday Chānd Dutt, has for some time been passing with stately slowness through the ever-welcome fascicles of the Bibliotheca Indica, and now another native scholar, Mr. Avinash Chandra Kaviratna, has undertaken, independently, a version of Caraka, of which five parts are in our hands. Mr. Kaviratna has had a prolonged experience in this type of literature, having previously edited, and translated into native vernaculars, both Caraka and Suçruta (Introduction, p. vii). The present translation bears evidence of a very extensive knowledge in this domain, of which 'all the works, if capable of being collected together, would fill a fairly large library.' The author offers an interesting theory to account for the extent of this literature. The basis of Hindu education has always been an extremely inexpensive boarding-school system. A guru, or teacher, has a few disciples whom he takes gratis: it is their duty to beg for him in the village, and somehow between them they manage to live. The teacher very frequently finds himself in the position to adapt his teaching to the personal equation of his particular group of disciples, and to compile abridgments of larger works and to embody his own experience for their benefit. He is thus led into authorship, and, if ambitious, he will before long desire to address the profession in general, through the medium of more pretentious compilations, or elaborate commentaries. But all these works receive from their authors fanciful poetical names and are foisted upon the literature as independent productions. Still, first and last, medical literature, in spite of all repetitions, evinces an astonishing range of observation, and here and there no mean therapeutic ability. The author believes that many diseases peculiar to India can be cured more effectually, cheaply and quickly by the aid of the intelligent native practitioner, relying on Caraka, than by pursuing Western systems of cure. Witness the following prescription for fever: "*Fast, sweating, time, gruel of barley, and decoctions of bitters*, destroy all disorders and functional derangements in *acute fever*."

Mr. Kaviratna's work will not only be welcomed by Sanskritists, and of these especially by the students of the Atharva-Veda, and the house-customs (Gṛhya-sūtras); it will also be of great help to the students of the history of medicine, who will find this a source of information far superior to the antiquated, so-called Latin translation of Suçruta by Hessler (1844-50), or even to the much-consulted digest of Dr. Wise entitled 'Commentary on the Hindu System of Medicine' (1860).

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¹ See Jolly in 'Festgruss an Rudolf von Roth,' p. 26.